(b)(3) Approved for Release: 2025/05/19 C06942591

: 20 DEC 65 (b)(6) (When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
	SUDMEIER ELIZABETH

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
DESIGNATION AS A PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM	12 19 65	REGULAR

8. CSC OR OTHER LEGAL AUTHORITY
SECTION 203 P.L. 88-643

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/NE	

11. POSITION TITLE	SERVICE DESIGNATION
REPORTS OFFICER	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	16. GRADE AND STEP	17. SALARY OR RATE
GS	12 5	12091

18. REMARKS

EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HER RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

25. DATE OF BIRTH (MO. DA. YR.)	26. DATE OF GRADE (MO. DA. YR.)	27. DATE OF LEI (MO. DA. YR.)
05 12 12	05 04 58	10 11 64

28. NTE EXPIRES (MO. DA. YR.)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC 3 - FICA 5 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	MO. DA. YR.	EOD DATA	33. SECURITY REQ. NO.	34. SEX
		2						

35. VET. PREFERENCE CODE (0 - NONE 1 - 5 PT. 2 - 10 PT.)	36. SERV. COMP. DATE (MO. DA. YR.)	37. LONG. COMP. DATE (MO. DA. YR.)	38. CAREER CATEGORY (CAR. RESV. PROV. TEMP.) CODE	39. FEGLI / HEALTH INSURANCE CODE (0 - WAIVER 1 - YES) HEALTH INS. CODE	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA CODE (0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) 3 - BREAK IN SERVICE (MORE THAN 3 YRS.))	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA: FORM EXECUTED (1 - YES 2 - NO) CODE / NO. TAX EXEMPTIONS	44. STATE TAX DATA: FORM EXECUTED (1 - YES 2 - NO) CODE / NO. TAX EXEMP. / STATE CODE
	DEC 55 10 58 82		

SIGNATURE OR OTHER AUTHENTICATION

FORM 11-62 1150 Use Previous Edition

~~SECRET~~

GROUP 1 Excluded from automatic downgrading and declassification

(4-61) (When Filled In)

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